

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Num Expires: Estimated hours per	average	May 3 burden	31, 2005					
	SEC USI	ONLY	V					
Prefix			Serial					
	<u> </u>	1						
	DATE RECEIVED							

Name of Offering	(check if this is an a	amendment and name f	nas changed, and ir	dicate change.)	/	11.011	70
Issuance of Partici	ipating Shares of Structi	ured Servicing Holding	gs (Offshore), Ltd.			(O) 1',	18
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule 506	☐ Section 4(
Type of Filing:	☐ New Filing				; ; ;	da sa sa	Paris Mo
		A. BASIC	IDENTIFICAT	ON DATA	:	APR T	5 2004
1. Enter the inform	mation requested about th	e issuer					- 4004
Name of Issuer	check if this is an a	mendment and name h	as changed, and inc	licate change.			
Structured Servicion	ng Holdings (Offshore),	Ltd.					***************************************
Address of Executiv	e Offices		(Number and Stree	t, City, State, Zip C	ode) Telephon	e Number (Ir	ncluding Area Code)
c/o Structure Portf	olio Mgnt., LLC Clearwa	ter House, 8 th Floor, 2	187 Atlantic Street	, Stamford, CT 06	902 203.351.2	!870	
Address of Principal	l Offices		(Number and Stree	t, City, State, Zip C	ode) Telephon	e Number (Ir	relacibe Area COCE
(if different from Exe	ecutive Offices)						PROCEOUR
Brief Description of	Business: Private Ir	vestment Company				1	APR 19 2004
Type of Business O	rganization						THOMSON FINANCIAL
	□ corporation	☐ limited p	artnership, already	formed	🛛 other (pleas	e specify)	FINANCIAL
	☐ business trust	☐ limited p	artnership, to be for	med	Cayman Islan	ds Exempte	d Company
	Date of Incorporation or Opporation or Opporation		Month 0 9	Ye 20	_] Actual	☐ Estimated
cancalonon or moor	poration of organization.		N for Canada; FN fo		diction)	FN	7
			•	- ,	, ,		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

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		A. BASIC IDE	ENTIFICATION DATA	A	
Each beneficial ownEach executive office	e issuer, if the iss er having the pow er and director of	uer has been organized withi	ct the vote or disposition o		a class of equity securities of the issuer; tnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Brownstein, Donald I.			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code): c/o Structured Por 2187 Atlantic Stree		nt, L.L.C., Clearwater House, 8 th Floor 06902
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Russell, Christopher			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code): c/o Structured Por 2187 Atlantic Stree	_	nt, L.L.C., Clearwater House, 8 th Floor 06902
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Liu, Yong			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code		-	nt, L.L.C., Clearwater House, 8 th Floor
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	2187 Atlantic Stree	et, Stamford, CT Director	06902 General and/or Managing Partner
Check Box(es) that Apply.				☑ Director	General and/or Managing Farther
Full Name (Last name first, i	f individual):	Weintraub, Sheldon A.			,
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code): c/o Structured Por 2187 Atlantic Stree	=	nt, L.L.C., Clearwater House, 8 th Floor
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Martin, Linburgh	<u> </u>		
Business or Residence Addi	ess (Number and	Street, City, State, Zip Code		-	nt, L.L.C., Clearwater House, 8 th Floor
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	2187 Atlantic Stree	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Stichting Pensionfond	s ABP		
Business or Residence Addi	ess (Number and	Street, City, State, Zip Code): Oude Lindestraat 7	0, 6411 EJ Heerle	n, The Netherlands
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	The Board of Trustees	of the Land		
Business or Residence Add	ess (Number and	Street, City, State, Zip Code): c/o Stanford Mana Menio Park, CA, 9	-	y, 27770 Sand Hill Road,
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Code):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

					В.	INFORM	ATION	ABOUT	OFFER	ING			
1. Ha	s the issue	r sold, or o	does the is	suer inten	d to sell, to Answer a	non-accr	edited inve	estors in th lumn 2, if f	is offering' iling under	? r ULOE		☐ Yes	⊠ No
2. Wh	at is the m	inimum in	vestment t	hat will be	accepted '	from any i	ndividual?					\$ <u>1</u> ,	000,000
							•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••		* N	lay be waived
3. Do	es the offer	rina permi	t ioint own	ership of a	sinale uni	t?						⊠ Yes	□No
4. Ent	er the inforce commission of commission of the c	rmation re on or simi person to l state or st	quested fo lar remune be listed is ates, list th	r each per ration for s an associ e name of	son who h solicitation ated perso the broke	as been o of purcha on or agen r or dealer	r will be pa sers in cor t of a broke . If more t	aid or giver nection w er or deale han five (5	n, directly of th sales of r registere i) persons	or indirectled f securities to with the to be lister	y, s in the SEC d are		
Full Nan	ne (Last na	me first, if	individual)									
Busines	s or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Name o	f Associate	d Broker	or Dealer										
	n Which Pe										***************************************		☐ All States
☐ [AL]	☐ [AK]	[AZ]	☐ [AR]		,		□ [DE]		☐ (FL)		☐ [HI]	□ [ID]	
[IL]	[IN]	□ [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	☐ [MA]	[IM]	☐ [MN]	☐ [MS]	[MO]	
[MT]	□ [NE]	□ [NV]	[NH]	[NJ]	[MM]	[NY]	□ [NC]	□ [ND]	[HO]	□ [OK]	□ [OR]	☐ [PA]	
☐ [RI]	□ [SC]	□ [SD]	[NT]	□ [ТХ]		[TV]	[VA]	[WA]		□ [WI]	□ [WY]	□ [PR]	
Full Nar	ne (Last na	me first, if	individual)	~			· ·					
Busines	s or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Name o	f Associate	d Broker	or Dealer										
	n Which Pe												☐ All States
☐ [AL]	[AK]	[AZ]			,		□ [DE]			☐ [GA]	☐ [HI]		
	□ [IN]	□ [iA]	☐ [KS]	☐ [KY]	□ [LA]	[ME]	☐ [MD]	☐ [MA]	☐ [MI]	☐ [MN]	☐ [MS]	☐ [MO]	
[MT]	[NE]		□ [NH]	□ [NJ]	□ [NM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	☐ [OR]	□ [PA]	
☐ [RI]	□ [sc]	☐ [SD]	□ [TN]	□ [TX]		□ [VT]	□ [VA]	□ [WA]		[WI]		□ [PR]	
Full Nar	ne (Last na	me first, i	f individual)									
Busines	s or Reside	ence Addr	ess (Numb	er and Str	eet, City,	State, Zip	Code)	<u></u>					
Name o	f Associate	d Broker	or Dealer				· · · · · · · · ·	**************************************					
	n Which Peneck "All Si												☐ All States
[AL]	[AK]	☐ [AZ]	□ [AR]	☐ [CA]	′		□ [DE]		[FL]	☐ [GA]	☐ [HI]	□ [ID]	
	□ [IN]	[AI]	☐ [KS]	☐ [KY]	☐ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	[MN]	☐ [MS]	[MO]	
☐ [MT]	□ [NE]	[VN]	□ [NH]	□ [NJ]	[MM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and	ND U	SE OF PROCE		
	Type of Security		Aggregate Offering Price		Amount Already Sold
		•	•	•	
	Debt			_ \$_	The state of the s
	Equity	\$		_ \$_	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)				
	Partnership Interests	\$		_ \$	
	Other (Specify) Participating Shares)	. <u>\$</u>	500,000,000	_ \$_	272,122,971
	Total	\$	500,000,000		272,122,971
!.	Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount Of Purchases
	Accredited Investors		57	<u>\$</u>	272,122,971
	Non-accredited Investors				
	Total (for filings under Rule 504 only)			<u>\$</u>	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505				
	Regulation A				
	Rule 504	<u></u>		<u>\$</u> _	
	Total			_ \$_	
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$_	
	Printing and Engraving Costs			\$	
	Legal Fees		🖾	\$_	106,743
	Accounting Fees			\$	
	Engineering Fees	• • • • • • • • • • • • • • • • • • • •		\$	
	Sales Commissions (specify finders' fees separately)	••.,,•••		\$	
	Other Expenses (identify)			\$	

106,743

O. OTTERMOTRIES, NON	- INVE	TONO, EXT	LITOLO	110 002 01 1	NOOLLD		
Question 1 and total expenses furnished in response	to Part C-Question	4.a. This differe	nce is the		\$	499,893,	257
used for each of the purposes shown. If the amount estimate and check the box to the left of the estimate	for any purpose is n The total of the pa	ot known, furnish lyments listed mi	n an ust equal				
the adjusted gross proceeds to the issuer set forth in	response to Part C	– Question 4.b. a	above.	Officers,		•	
Salaries and fees	•	••••••••••••		\$	□	\$	
Purchase of real estate		••••••		\$		\$	
Purchase, rental or leasing and installation of	machinery and equi	pment		\$	🗆	\$	
Construction or leasing of plant buildings and	facilities			\$		\$	
Acquisition of other businesses (including the	value of securities i	nvolved in this	. —				
				\$	□	\$	
Repayment of indebtedness		•••••••		\$	□	\$	
Working capital				\$	🛛	\$ 499,8	393,2577
Other (specify):	· · · · · · · · · · · · · · · · · · ·	·		\$	□	\$.	
				\$		\$	
Column Totals		•••••		\$	🛛	\$499,89	3,2577
Total payments Listed (column totals added).				\boxtimes	\$ 499,893	,257	•
	S	· · · · · · · · · · · · · · · · · · ·					
constitutes an undertaking by the issuer to furnish to the	ne undersigned duly U.S. Securities and	authorized person Exchange Comn	on. If this no				
		Rule 502.			1 8-4-		
ssuer (Print or Type) Structured Servicing Holdings (Offshore), Ltd.	Signature			n/il	1	2 200/	
Name of Signer (Print or Type)	Title of Signer	(Print or Type)	مسيحيد		J APLIL I	2, 2004	
Christopher Russell	Director, Stru	ctured Servicin	g Holdings	(Offshore), Ltd.			· ·
$\mathcal{I}_{i}(\mathcal{I}_{i}) = \mathcal{I}_{i}(\mathcal{I}_{i})$							
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					e.		
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	•						
	ATT	ENTION					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Structured Servicing Holdings (Offshore), Ltd.	Mark from	April 12, 2004
Name of Signer (Print or Type)	Fitte of Signer (Print or Type)	
Christopher Russell	Director, Structured Servicing Holdings (Offshore), Ltd.	
		•

Instruction:

Print the names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manual not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			. ,	APF	PENDIX				***************************************	
1		2	3		5					
	Intend to non-ac investors (Part B -	ccredited	Type of security and aggregate offering price offered in state (Part C – Item 1)	Ţ	Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No	Participating Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK AZ										
AR										
CA		X	Participating Shares	2	\$50,750,000	0	\$0		X	
СО		X	Participating Shares	1	\$2,000,000	0	\$0		X	
СТ		X	Participating Shares	2	\$864,000	0	\$0		X	
DE										
DC										
FL									×	
GA										
HI										
ID	1									
IL		Х	Participating Shares	1	\$1,000,000	0	\$0	-	Х	
IN										
IA										
кѕ										
KY										
LA		Х	Participating Shares	2	\$6,000,000	0	\$0		X	
ME		Х	Participating Shares	1	\$750,000	0	\$0		х	
MD										
MA										
МІ									-	
MN	WF 1- 7-77									
MS										
МО										

				API	PENDIX						
								5	****		
1	2	2	3		4						
	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)				fication te ULOE attach ation of ranted) Item 1)		
State	Yes	No	Participating Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT				***************************************							
NE NV											
NH NH								 			
NJ		X	Participating Shares	1	\$6,200,000	0	\$0		X		
NM		^	Tarticipating Ghares	······································	ψ0,200,000		ΨΟ		-		
NY		X	Participating Shares	4	\$7,400,000	0	\$0		X		
NC			Turnopaining officials	<u> </u>	47,100,000			-			
ND											
ОН									 		
ок											
OR											
PA		Х	Participating Shares	1	\$3,000,000	0	\$0		×		
RI							·				
sc											
SD											
TN											
TX											
UT											
VT											
VA											
WA								-			
WV							1954				
WI											
WY											
Non- US		X	Participating Shares	40	\$192,158,971	0	\$0		X		